



**DATE:** March 3, 2022      **COMMITTEE:** Health and Government Operations  
**BILL NO:** House Bill 1318  
**BILL TITLE:** Health Occupations - Mental Health Services - Cultural Competency and Diversity  
**POSITION:** Support

**Kennedy Krieger Institute supports House Bill 1318 - Health Occupations - Mental Health Services - Cultural Competency and Diversity**

**Bill Summary:**

House Bill 1318 requires the State Board of Professional Counselors and Therapists, the State Board of Examiners of Psychologists, and the State Board of Social Work Examiners to have at least three members who are from underrepresented communities. Additionally, the bill requires certain professional counselors and therapists, psychologists, psychology assistants, and social workers to complete a certain number of continuing education unit hours in cultural competency; establishing the Culturally Informed and Culturally Responsive Mental Health Task Force; etc.

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 24,000 individuals receive services annually at Kennedy Krieger. In 2021, over half of our patients (52.3%) were from Black, Hispanic, American Indian, Pacific Islander, or multiracial backgrounds.

The vision for the newly established Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assure diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

**Rationale:**

The diversity of children in the United States continues to grow more rapidly than had been anticipated.<sup>1</sup> According to the 2020 U.S. Census, Maryland is the East Coast's most diverse state.<sup>2</sup> As of 2021, children of color represent the majority in Marylanders (58.7%).<sup>3</sup> Notably, in the U.S., 4% of psychologists and 15% of social workers are Black/African American and 5% of psychologists, and 12.4% of social workers are Hispanic/Latino.<sup>4,5</sup>

Mental and behavioral health conditions that start in childhood increase the risk for poorer outcomes later in life.<sup>6</sup> Children of color experience poor mental health outcomes associated with socioeconomic disadvantage, racism, violence exposure, and immigrant status.<sup>7</sup> Given that every 1 in 5 children has a mental, emotional, or behavioral disorder<sup>8</sup>, having a diverse, culturally competent multi-lingual behavioral health workforce is imperative. Racial and ethnic concordance between patients and providers fosters communication and trust, improving patient healthcare experience and health outcomes.<sup>9</sup> However, there is a critical nationwide shortage of behavioral health professionals to meet this need, particularly from clinical mental health providers from underrepresented backgrounds.

Increasing the diversity in the behavioral health workforce is essential given that professionals from underrepresented backgrounds will often have a deeper understanding and a lived experience relevant to cultural factors that promote optimal treatment.<sup>10</sup> As such, representation matters in healthcare leadership positions. Addressing the significant lack of ethnically and racially diverse individuals in behavioral health

leadership is overdue. Failure to increase diversity among leadership representation may exacerbate current disparities in behavioral health services.<sup>11</sup> State boards must reflect the diversity of the populations they serve to improve access to culturally and linguistically competent mental health care. Increased racial, ethnic, gender, disability, and other diversity characteristics in healthcare leadership and regulatory board membership provides opportunities for individuals from diverse backgrounds to advance culturally responsive tools and interventions to address the needs of patients. Associations of state boards and professional organizations for various disciplines, including medicine, psychiatry, psychology, and social work, have all published recent statements within the last year regarding their commitment to issues of equity, diversity, and inclusion.<sup>12-15</sup>

Including those from diverse backgrounds in leadership positions has positive downstream effects. For example, one study found that hospitals with greater representation of underrepresented racial and ethnic populations in leadership roles had a greater commitment to diversity initiatives.<sup>16</sup> Accordingly, we must now act to diversify the leadership of those who make critical decisions that guide and influence resources and behavioral health practice across the state.

In addition to diverse representation at the state board level, we also support the requirement of continuing education in evidence-informed cultural and linguistic competency and anti-bias training for behavioral health professionals. There is evidence that cultural competence training improves knowledge, attitudes, and skills of healthcare professionals, and importantly there are positive effects on patient satisfaction.<sup>17</sup> Finally, establishing a task force and ongoing training opportunities to improve culturally responsive evidence-informed and equity-based mental health practices is crucial. Expanding access to culturally and linguistically competent mental health services contributes to the elimination of health disparities that negatively impact the health of all Marylanders.

### **Kennedy Krieger Institute requests a favorable report on House Bill 1318.**

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